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TO RUEHC/SECSTATE WASHDC 8747
INFO RUEHZO/AFRICAN UNION COLLECTIVE 0121
RUEHRL/AMEMBASSY BERLIN 0058
RUEHGV/USMISSION GENEVA 0216
RUEAUSA/DEPT OF HHS WASHDC
RUEHPH/CDC ATLANTA GA

UNCLAS SECTION 01 OF 02 YAOUNDE 000300

SIPDIS

C O R R E C T E D C O P Y (ADDED SIPDIS CAPTION)

SENSITIVE
SIPDIS

STATE FOR S/GAC AND F
STATE ALSO FOR S/GAC- PETER MAMACOS
STATE ALSO FOR F- CHAD WEINBERG
ACCRA FOR USAID/WA
CDC ATLANTA FOR DEBBIE BIRX AND GAP

E.O. 12958: N/A
TAGS: [KHIV](#) [EAID](#) [PREL](#) [KCOR](#) [CM](#)
SUBJECT: CAMEROON LURCHING TOWARDS GLOBAL AIDS FUND
COMPLIANCE

YAOUNDE 00000300 001.2 OF 002

¶1. (SBU) Summary: Seeking to address the governance flaws that doomed Cameroon's Round 7 application to the Global Fund for AIDS, tuberculosis and malaria (GFATM), Cameroon's Country Coordinating Mechanism (CCM) met on March 27 to reform the size and composition of its membership. Although the USG was not a member of the outgoing CCM, Poloff made numerous interventions urging the CCM membership to take significant, not cosmetic, steps to reform CCM governance. Although the meeting was dogged by many of the same problems that plagued Cameroon's GFATM program to date, there was substantial effort by the CCM Secretariat to adhere to GFATM guidelines. We hope to have a larger role at the CCM table from now on and would welcome guidance from the Department on priorities for the Cameroon program. End summary.

¶2. (U) Cameroon has applied for about \$150 million for six programs in Rounds 3 through 5, of which \$130 million was approved and only \$65 million has been disbursed, according to documents available on the GFATM website. Although the program evaluations available from the same source portray a generally successful execution of these programs, health officials in country remain skeptical as to how well these resources have been used (and as to the veracity of the reported results). Cameroon's round 7 application was rejected, we understand, in part because GFATM decision-makers in Geneva believed the CCM was poorly governed (too much Government of Cameroon (GRC) control, too little and ineffective representation by the non-government sector) and the Cameroon program had yet to properly manage the funds it has already received.

¶3. (U) Poloff attended a March 27 extraordinary meeting of Cameroon's CCM that was convoked to reform the CCM in line with GFATM guidelines. The USG is not a member of the current CCM, but we have been seeking to play a larger role in GFATM oversight for some time. Armand Abana Elongo, an official in Cameroon's Presidency and the CCM President, announced he had invited the US Embassy to the meeting this week because he hoped to include the USG in a newly reconstituted CCM.

¶4. (U) The CCM (only members of the current iteration were allowed to vote) voted to fix the new CCM at 50 members, an

increase of 13 over the current 37. Poloff had proposed no more than 20 members, emphasizing efficacy and sectorial representation over size, but the CCM President explained that the GRC needed a larger body in order to accommodate its numerous ministries. The CCM then voted to fix proportional representation of the membership at 40% for the Government of Cameroon, 40% for civil society and 20% for the donor community. Poloff moved to increase civil society's representation to 50% by reducing the donors' share to 10% (or 5 people), a proposal that won applause from civil society representatives but failed to pass.

15. (U) The President set a one-week deadline for civil society to meet and elect its representatives, pointing out that the new CCM needed to meet April 4 in order to prepare the Round 8 submission due in Geneva this summer. After some CCM members pointed out that such a rushed process could never be fully representational, Poloff proposed that the CCM make a deliberate decision not to apply for Round 8 funding, informing Geneva that it would prefer to improve the CCM's functioning and focus on grants already in process. This proposal met with general disapproval from the CCM, but the President interjected to express his view that Cameroon had learned a tough lesson in being refused in 2007 and so would now be prepared to withhold its Round 8 submission if it was not sufficiently well-developed.

Comment: Halting Progress, but Progress Nonetheless

16. (SBU) The March 27 CCM was deeply flawed. The Government of Cameroon (GRC) wielded too much power as a monolithic block, many members were absent (in part because the invitations were received only one or two days before the event), and the mentality was focused on applying for more funds rather than accounting for the funds already received. Nonetheless the meeting represented important progress for the GFATM in Cameroon. This CCM meeting was intended to be more open than previous such meetings. The CCM President and Permanent Secretary were clearly determined to bring the CCM

YAOUNDE 00000300 002.2 OF 002

into compliance with GFATM guidelines, and representatives of civil society drew heavily on CCM guidance to advance their arguments. Aside from the German delegation and the US rep, donor participation was nil.

17. (SBU) Contacts within the Ministry of Health told CDC-Cameroon Director recently that the GRC would not submit a Round 8 application for fear it would be refused. If the GRC pushes ahead with a Round 8 submission despite continuing problems with the CCM's functioning and the apparently poor management of those funds already allocated to Cameroon, the USG will have to determine whether the GFATM's long-term interests in Cameroon are better served by denying Cameroon's application in Geneva yet again or by finding other ways to encourage further progress in governance of GFATM programs in Cameroon. We hope to have a larger role at the CCM table from now on and would welcome guidance from the Department on priorities for the Cameroon program.

NELSON